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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/530,723
Filing Date	5-2-2000
First Named Inventor	Holt
Title	Method and system for Routing Service calls..
Group Art Unit	2743
Examiner Name	Not Assigned
Attorney Docket Number	97055

I hereby appoint:

Practitioners at Customer Number  OR  
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Name	Registration Number	RECEIVED
Nora M. Tocups	35,717	
Marcus Delgado	38,122	JUL 1 2003
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 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Jacqueline Gregorski, VP Patent Trademark Procurement, BellSouth Intellectual Property Corporation		
Signature			
Date	6-73-03		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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PTO/SB/82 (10-00)

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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/530,723
Filing Date	5-2-2000
First Named Inventor	Holt
Group Art Unit	2743
Examiner Name	Not Assigned
Attorney Docket Number	97055

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name Jacqueline Gregorski VP Patent Trademark Procurement BellSouth Intellectual Property Corp

Signature

Date 6-23-03

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	09/530,723
Filing Date	05/02/2000
First Named Inventor	Holt
Art Unit	2743
Examiner Name	Not Assigned
Attorney Docket Number	0201-97055

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Statement under 37 CFR 3.73(b)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Nora M. Tocups
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Date	7/3/03

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nora M. Tocups	
Signature		Date
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